

DA 2000 – State Employee Incident/Accident Investigation Form - Instructions

CURRENT VERSION OF FORM: 07/2011

Available on ORM Website: <http://doa.louisiana.gov/orm/lpforms.htm>

Purpose:

- Used to report all incidents/accidents involving a state employee, regardless of whether there was injury or property damage.
- Used to assist in determining the cause and procedures to prevent the recurrence of similar incidents

Preparation:

- Completed after acquiring necessary medical aid for injured persons
- Page 1 is completed by the employee. If employee is unable to complete due to injury, the form must be completed by the supervisor, Safety Coordinator or other designated individual.
- Page 2 must be completed by the supervisor, Safety Coordinator or other designated individual, using information provided by the employee or witnesses, or by visiting the scene.
- All spaces on both pages must be completed.
- Notations such as N/A (not applicable) or NONE are not acceptable.

Disposition:

- Copy to employee
- Copies are scanned to:
 - Safety Coordinator within 24 hours of accident/incident or no later than the next business day.
 - Safety Coordinator scans copy to DCFS Safety Officer, Support Services Unit Manager, and Human Resources Section within 24 hours of accident/incident or no later than the next business day.
 - Regional Administrator
 - If State Office, Undersecretary or Deputy Secretary for Programs/Operations.
- Original retained in reporting office file.
- All forms will be reviewed for accuracy by the DCFS Safety Officer. All incomplete forms will be returned to the supervisor for corrections and must be resubmitted.

Retention:

- In accordance with retention schedule